

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012500

Entity Name: E & M, LLC

FILED  
May 08, 2009  
Secretary of State

**Current Principal Place of Business:**

7041 HIRAMS ROAD  
SOUTHPORT, FL 32409

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 382  
LYNN HAVEN, FL 32444

**New Mailing Address:**

7041 HIRAMS STREET  
SOUTHPORT, FL 32409

FEI Number: 20-0449120      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CHATONEY, WILLIAM M  
7041 HIRAMS ROAD  
SOUTHPORT, FL 32409      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CHATONEY, WILLIAM M  
Address: 7041 HIRAMS ROAD  
City-St-Zip: PANAMA CITY, FL 32409

Title: MGRM      ( ) Delete  
Name: CHATONEY, ELIZABETJ D  
Address: 7041 HIRAMS ROAD  
City-St-Zip: PANAMA CITY, FL 32409

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM MICHAEL CHATONEY

OWNE

05/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date